Correctional Medical Services, Inc.

PATIENT-CENTERED CARE PROCESSES FOR OUTPATIENT MANAGEMENT

July 2008

Specialty Referral and Management of Related Inmate Health Services*

- Cataract Removal
  - Medicare criteria for cataracts are 20/40 or worse vision in the corrected vision eye with the cataract and binocular corrected vision is at or worse than 20/40 following cataract surgery in one eye.
  - InterQual and Milliman and Robertson criteria are 20/50.
  - Consider the ADL impact on the patient after the cataract is done. Functional status has to be considered when evaluating whether one or both eyes should be surgically corrected. Consideration should always be given to the impact on relevant ADLs such as job, getting around the institution, safety in the housing unit. Generally, only one cataract needs removal in order to complete ADLs. Diabetics may require bilateral cataract removal.

- Sleep Studies - Often requested because of cellmate complaint of snoring. There must be documented:
  - Evidence of the problem (i.e., officer observation per InterQual Guidelines)
  - Daytime somnolence/morning headaches per InterQual Guidelines
  - Indication that alteration in lifestyle has failed to treat the sleep disturbance (i.e., avoidance of caffeine and weight loss per *Saunders Manual of Medical Practices*).
  - The solution for such sleep disorders is often CPAP. Evaluate inmate's willingness to comply with use of CPAP appliance, as it can be uncomfortable. Monitor actual compliance of ongoing CPAP and discontinue order for continued use if appliance is not being utilized. Scientific American Medicine says it's effective over 70% of the time for moderate to severe obstructive sleep apnea.
  - Other resources:
    - University of Maryland Medicine: http://www.umm.edu/sleep
    - Sleep Disordered Breathing, *Advanced Studies in Medicine, Vol. 3, No. 6, June 2003*, Johns Hopkins, page 340: "Behavior therapy for obstructive sleep apnea includes weight loss, sleeping on side position, avoiding sedatives and alcohol, avoiding sleep deprivation."

- Scrotal Ultrasounds
  - Generally not necessary unless the mass is adherent to testicle or in testicle
  - Resource Guideline: D. R. Smith, *General Urology, 9th edition*, in describing testicular tumors, finds them "in the testis proper". Smith also writes on page 303, "Tumors of the epididymis are quite rare, but most are benign." On page 298, "More than 300 cases of tumors of the spermatic cord have been reported. Most are benign and are composed of connective tissue elements."
  - Additional Resource Guideline: Bladder, Renal and Testicular Cancer, *Scientific American, May 2003*, page
  - Because scrotal tumors exist which are not testicular tumors, one cannot say that 100% of the time a mass non adherent to testes is not cancer

- Dermatology consults
  - When feasible, punch or scrape biopsy should be done on site to rule out significant disorders. Dermatological conditions without morbidity or mortality risk are the realm of the primary care provider.